ease type a plus sign insid	le this box + PT	O/SB/01 (1	2/9/) Ap	proved for us	e unougn	09/30/00,	OMP 002	1-003	<u> </u>
DECLARAT	Attorney Docket Number								
PATE	First Name	s-Heinrich	TRU'	TNAU					
FAIL	COMPLETE IF KNOWN								
				Application Number					
DeclarationSubmitted OR		Declaration Submitted a	fter Initial	Filing Date		02/	13/2002		
with Initial		Filing (suro (37 CFR 1.		Group Art Unit					
Filing		required)		Examiner Name					
As a below named inven	tor, I hereby dec	lare that:							
My residence, post office	address, and citiz	enship are	as stated below	next to my n	ame.				
believe I am the original	l, first and sole in	ventor (if o	nly one name is	s listed below	y) or an or	iginal, first an	d joint inve	ntor (if plural
names are listed below) or	the subject matt	er which is	ciaimed and io	- Willelf a pai	CIR 15 SOU	gitt off the first	JIIIIOII GIIIII		
FLOW CELL SYSTEM									
Angeles and Angele			mul Cd I	4:			=		
Especification of which	1		(Title of the Ir	ivention)					
is attached hereto OR				TILL'S I CA	A1i	cation Number	· or DCT In	ternat	ional
was filed on (MM/D	D/YYYY)					ation Number	of FCI III		
Application Number and was amended on (MM/DD/YYYY) (if applicable									
Thereby state that I have by any amendment specific	reviewed and und fically referred to	lerstand the above.	contents of the	above identi	fied specif	fication, includ	ling the cla	ims, a	s amendeo
Facknowledge the duty to	o disclose inform	ation which	is material to p	patentability	as defined	in 37 CFR 1.:	56.		·
I hereby claim foreign procertificate, or 365(a) of a America, listed below an	ny PCT internation	onal applica	ntion which des	ignated at lea	ast one co	untry other tha	in the Unice	a sta	les of
or of any PCT internation	nal application ha	aving a filir	g date before the	hat of the app	olication o	n which priori	ty is claime	ed.	
Prior Foreign Application (Numbers) Countr		ntry	Foreign Fil (MM/DD/		Priority Not Claimed		Certified Copy Attached YES NO		
							ſ		
))	
							[]	
☐ Additional foreign a	application number	ers are listed	l on a suppleme	ental priority	data shee	t PTO/SB/02E	attached h	ereto.	
I hereby claim the benef									
Application N	(umber(s)	F	iling Date (M	M/DD/YYY	Y)				
						numbers	al provision are listed of lata sheet F hereto.	n a su	pplement

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number									Parent Patent Number (if applicable)			
□ Addition	nal U.S. or PCT	internation	nal appl	ication n	umbers	are listed or	a supple	nental priori	ty data sheet PTO	'SB/02B attached	hereto.	
As a named	inventor, I he	ereby app	oint the	followired therev	ng regis	stered pract	itioner(s)	to prosecut	e this application	and to transact	all business in	
□ Customer	Number	OR				ted below			\rightarrow	il	omer Number Label Here	
	Name				gistrati			Na	Registration No.			
John M. Del Vecchio Ranjana Kadle Martin G. Linihan Kevin D. McCarthy David L. Principe			40,04 24,92 35,27 39,33	42,475 40,041 24,926 35,278 39,336			Roberts 1 F. Scalise J. Tracy L. Snyder, T. Bean, Jr.		40,786 34,920 42,187 37,729 16,639			
Spine.						tal Registere	ed Practiti	oner Informa	tion sheet PTO/SI	3/02C attached he	reto	
Direct all c	orrespondenc	e to: 🗆		mer Nur r Code L	- 1			OR	■ Corres	pondence addre	ss below	
Name	George L. S	nyder, Jr.										
Address	Hodgson Ru											
Address	One M&T F	Plaza, Suit	te 2000							1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
City	Buffalo					State		w York	ZIP Fax	14203-2391		
Country	United State		Telep			(716) 856			made on information and belief			
are believe	d to be true: a	and furthe fine or in	r that th	nese state ment, or	ements both, u	were made	e with the	knowledge	that willful fals uch willful false	e statements and	i the like so	
Name of S	ole or First l	Inventor:				□ A pet	tition has	been filed i	for this unsigned	inventor		
Given Name (first and middle [if any])						Family Name or Surname						
Hans-Heinrich Mani - Kennich						Trutnau Vriteri						
Inventor's Signature		de	Denter					Date	2/8/02			
		State			Country	Germany	Citizenship	Germany				
Post Offic	e Address	Hecksb	ergstr. 6	ба								
Post Offic	e Address											
City		Braunfe			State			ZIP	D-35619	Country	Germany	
■ Addition	onal inventors	are being r	named or	n the one	supplen	nental Addit	ional Inve	ntor(s) sheet	(s) PTO/SB/02A a	ttached hereto.		

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

								_	
Name of Additional Jo	ine Towartor, if ABV:	,		Ap	edition has been	n filed for this w		r 	
sine of Voorgoons 30	me (first and middle [if	([vae		T	,	Family Name o	Sumame		
	the (thist auth magne in	,),		Sie	wer.				
Mark	1 70 1			<u> </u>			Date	1	4/
loventor's Signature	Math		1.5		Country	United States	Citizenship		States
Residence: City	Eugene	State	Orego	<u> </u>	COMMIT		· · · · · · · · · · · · · · · · · · ·		
Post Office Address	451 East 14th Avenue								
Post Office Address	Apartment 2	·			ZIP	97401-4238	Country	Unite	d States
City	Eugene	State	Orego					L	
Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which the	And Seventer of 989:			υA	petition has be	en filed for this v	nsigned invent	or 	
Name of Additional J	Orne Anventory is any	anvil		1		Family Name	or Surname		
Given Na	ame (first and middle [ii	44,737		+					
	-						Date		
inventor's									
Signature		State	T		Country		Citizenship	1	
Residence: City									'
Post Office Address									
Post Office Address		State			ZIP		Country		
City		State							
A Additional	Joint Inventor, if any:			ΞA	pedition has be	en filed for this t		or 	[
Name of Additional	ame (first and middle [(anvi)		1		Family Name	or Surname		
Closi I	SUIS AWAY SUR INVANTA !			-					
					***************************************		Date		1
Inventor's									
Signature		State			Country		Citizenship	2	
Residence: City		State							
Post Office Address			-						
Post Office Address		State	.		ZIP	1	Country		
City		SIAN							1

BFLODOCS:604539